

REMARKS

The Office Action of October 20, 2003 rejected claims 1, 4-13, 15-17 and allowed claims 24-35. By this paper, claims 1, 4, 9, and 13 are amended. Allowed claims 28 and 30 have also been amended for clarity. Accordingly, claims 1, 4-13, 15-17 are pending and claims 24-35 are allowed. Applicants respectfully request favorable of the pending claims in view of the amendments made herein.

The Office Action rejected claims 1, 4-13, and 15-17 under 35 U.S.C. § 112, second paragraph as being indefinite for failing to particularly point out and distinctly claim the subject matter which applicant regards as the invention. The Office Action also stated that claims 1, 4-13, and 15-17 would be allowable if rewritten or amended to overcome the rejection under 35 U.S.C. § 112, second paragraph.

The Examiner states that claim 1 is inconsistent in that it allows for the possibility that the client sends back a revised diagnosis code without ever receiving an indication that it (the diagnosis code) needed to be revised. Claim 1 has been amended to require that the information transmitted from the remote server computer includes *at least one* of a proposed diagnosis code and a proposed treatment code. This information indicates to the client computer that *at least one of* the diagnosis code and the treatment code do not correspond to health care services that are approved for payment. The client thus has an indication that at least one of the proposed diagnosis code and the treatment code should be revised. This amendment resolves the inconsistency suggested by the Examiner and allows the client computer to transmit a proposed insurance claim that includes *at least one* of a revised diagnoses code and a revised treatment code.

The Examiner also indicated that claim 13 is inconsistent in that it allows the client to correct one error and gain approval when two errors are indicated. Claim 13 has been amended to require that the remote server computer determines that at least one of the diagnosis code and the treatment code do not correspond to health care services that are approved for payment. This amendment to claim 13 allows the client to include "*at least one of* a revised diagnosis code and a revised treatment code" when the remote server determines that *at least one* of the diagnosis code and the treatment code do not correspond to health care services that are approved for payment. This amendment to claim 13 thus provides the consistency required by the Examiner.

As previously stated, allowed claims 28 and 30 have been amended to correct grammatical errors.

The dependent claims 5-8, 10-12, 15, and 17, depend from allowable independent claims and are in condition for allowance for at least this reason.

In view of the foregoing, Applicants respectfully submit that claims 1, 4-13, 15-17 and 24-36 are in condition for allowance. In the event that the Examiner finds remaining impediments to a prompt allowance of this application that may be clarified through a telephone interview, the Examiner is requested to contact the undersigned attorney.

Dated this 10th day of November 2003.

Respectfully submitted,



CARL T. REED
Attorney for Applicant
Registration No. 45,454

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